

Michigan CD Stimulus Program Request for Certificate of Deposit (CD)

Issued under authority of Public Act 105 of 1855, as amended.

PART 1: FINANCIAL INSTITUTION INFORMATION

Financial Institution			Contact Person
Address (No., Street, PO Box)			Telephone Number
City	State	ZIP Code	Fax Number

PART 2: CD REQUEST -- Minimum request is \$100,000; maximum request is \$10,000,000 (per financial institution). CD terms are limited to six (6) or twelve (12) month maturities only. Interest rates are 2.25% for the 6 month term and 2.50% for the 12 month term.

Principal Amount Requested	CD Term
Request A	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Request B	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months

PART 3: WIRE INSTRUCTIONS

Bank Name	Account Name
Bank ABA Number	Account Number

PART 4: CERTIFICATION OF FINANCIAL INSTITUTION

We hereby submit the above offer(s) to issue to the State of Michigan (the "State") the certificate(s), as described in the Michigan CD Stimulus Program Guidelines, which are incorporated by reference, to be dated as of the date of delivery and maturing six (6) or twelve (12) months from the disbursement date, in the above principal amount(s) of certificate of deposits on the date of delivery at a purchase price equal to the principal amount thereof together with agreed upon rate of interest of 2.25% for the 6 month term and 2.50% for the 12 month term.

We understand that the State reserves the right to reject any and all requests and to waive any irregularity or informality with respect to any request.

Authorized Representative Signature	Title of Authorized Representative
Authorized Representative Name (Printed or Typed)	Date

Fax or email this completed request to the Michigan Department of Treasury, Bureau of Investments, Short-Term Fixed Income, Absolute, and Real Return Division.

Facsimile: (517) 324-2464

Email: MICD@michigan.gov

If you have questions, contact the Bureau of Investments at 517-373-8161.